## Form **8872** (November 2002)

## Political Organization Report of Contributions and Expenditures

Department of the Treasury Internal Revenue Service

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 04/01/2008	and ending 06/30/2008	
B Check applicable box: Initial report	hange of address 👱 Amended report Final report	
1 Name of organization Iowans Against Unsafe Public Projects	<b>Employer identification number</b> 39 - 2050148	
2 Mailing address (P.O. box or number, street, and room 5806 Meredith Drive Suite B	or suite number)	
City or town, state, and ZIP code Des Moines, IA 50322		
3 E-mail address of organization: ialecet@hotmail.com	4 Date organization was formed: 02/26/2007	
5a Name of custodian of records Bill Gerhard	5b Custodian's address 5806 Meredith Drive Suite B Des Moines, IA 50322	
6a Name of contact person Bill Gerhard	6b Contact person's address 5806 Meredith Drive Suite B Des Moines, IA 50322	
7 Business address of organization (if different from ma 5806 Meredith Drive Suite B	ng address shown above). Number, street, and room or suite number	
City or town, state, and ZIP code Des Moines, IA 50322		
8 Type of report (check only one box)		
<ul> <li>First quarterly report (due by April 15)</li> <li>✓ Second quarterly report (due by July 15)</li> <li>Third quarterly report (due by October 15)</li> <li>Year-end report (due by January 31)</li> <li>Mid-year report (Non-election year only-due by July 31)</li> </ul>	<ul> <li>Monthly report for the month of:     (due by the 20th day following the month shown above, except the December report, which is due by January 31)</li> <li>Pre-election report (due by the 12th or 15th day before the election)     (1) Type of election:     (2) Date of election:     (3) For the state of:     Post-general election report (due by the 30th day after general election)     (1) Date of election:     (2) For the state of:</li> </ul>	
	ttached Schedules A)	
Under penalties of perjury, I declare that I had and belief, it is true, correct, and complete.	e examined this report, including accompanying schedules and statements, and to the best of my knowledg	
Sign Here   Signature of authorized official	07/15/2008  Date	

Schedule A Itemized Contributions Schedule A

Form 8872 (11-2002)		
Schedule B Itemized Expenditures		Schedule
Recipient's name, mailing address and ZIP code Iowa State Bank 627 E Locust Des Moines, IA 50309  Purpose of expenditure Bank fees	Name of recipient's employer Iowa State Bank Recipients's occupation n/a	Amount of Expenditure \$ 7 Date of expenditure 04/30/2008
Recipient's name, mailing address and ZIP code iowa state bank 627 E. Locust Des Moines, IA 50309  Purpose of expenditure bank fees	Name of recipient's employer iowa state bank Recipients's occupation n/a	Amount of Expenditure \$ 7 Date of expenditure 06/30/2008
Recipient's name, mailing address and ZIP code Iowa State Bank 627 E. Locust Des Moines, IA 50309	Name of recipient's employer Iowa State Bank Recipients's occupation n/a	Amount of Expenditure \$ 7 Date of expenditure 05/30/2008
Purpose of expenditure bank fees		